## **Complete Summary**

#### **TITLE**

Hospital in the home: percentage of patients making more than 1 unexpected telephone call during their Hospital in the Home admission, during the 6 month time period.

## SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## **Measure Domain**

#### **PRIMARY MEASURE DOMAIN**

Use of Services

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

### **SECONDARY MEASURE DOMAIN**

Does not apply to this measure

## **Brief Abstract**

#### **DESCRIPTION**

This measure is used to assess the percentage of patients making more than 1 unexpected telephone call during their Hospital in the Home admission, during the 6 month time period.

#### **RATIONALE**

Success in Hospital in the Home care requires the selection of patients with appropriate conditions, who consent to care and have a safe and stable home environment. Careful patient selection prior to a Hospital in the Home admission may avoid potential problems during admission.

## PRIMARY CLINICAL COMPONENT

Hospital in the Home care; unexpected telephone call

#### **DENOMINATOR DESCRIPTION**

The total number of patients commenced on a Hospital in the Home program, during the 6 month time period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

The number of patients making more than 1 unexpected telephone call during their Hospital in the Home admission, during the 6 month time period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

#### **EVIDENCE SUPPORTING THE VALUE OF MONITORING USE OF SERVICE**

 A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

## **Evidence Supporting Need for the Measure**

#### **NEED FOR THE MEASURE**

Monitoring and planning Variation in use of service

#### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p.

## **State of Use of the Measure**

#### **STATE OF USE**

Current routine use

### **CURRENT USE**

Monitoring and planning

## **Application of Measure in its Current Use**

## **CARE SETTING**

Home Care

## PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

## **TARGET POPULATION AGE**

Unspecified

#### **TARGET POPULATION GENDER**

Either male or female

## STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## **Characteristics of the Primary Clinical Component**

## INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

## COSTS

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories** 

#### **IOM CARE NEED**

Not within an IOM Care Need

#### **IOM DOMAIN**

Not within an IOM Domain

## **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Patients commenced on a Hospital in the Home program, during the 6 month time period

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

The total number of patients commenced on a Hospital in the Home program, during the 6 month time period\*

\*Note: Hospital in the Home patients are those who, without the provision of Hospital in the Home services, would require inpatient care by the nature of their medical or social condition. The National Health Data Dictionary describes Hospital in the Home as "provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary."

#### **Exclusions**

Rehabilitation and psychiatric patients are excluded.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Therapeutic Intervention

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

The number of patients making more than 1 unexpected telephone call\* during their Hospital in the Home admission, during the 6 month time period

#### \*Note:

- Unexpected telephone call. Patients admitted into Hospital in the Home Unit (HHU) programs are
  usually encouraged to telephone if they perceive any problem or anxiety related to their current
  condition. This is generic advice, informing patients of the ability to telephone at all hours. This
  does not then allow all telephone calls made by patients to be interpreted as expected.
  Occasionally, however, HHU staff may request that an individual patient telephone in certain
  specific circumstances, for example, if their temperature is greater than 38 degrees C, or if a
  particular symptom has not settled in a given time.
- An unexpected telephone call is one where the patient was not specifically asked to telephone about a given problem.
- Units should appreciate that, even if aware of the ability to telephone, an unexpected telephone call may indicate:
  - Inadequate explanation about HHU processes
  - Anxiety or fear on the part of the patient, indicating possible poor selection criteria
  - Inadequate explanation about visiting times or schedules

#### **Exclusions**

Unexpected telephone calls resulting in either unplanned staff callouts or returns to hospital are not included in this indicator.

# MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Episode of care

#### **DATA SOURCE**

Administrative data Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Does not apply to this measure

#### PRE-EXISTING INSTRUMENT USED

Unspecified

## **Computation of the Measure**

#### **SCORING**

Rate

## **INTERPRETATION OF SCORE**

Undetermined

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

#### STANDARD OF COMPARISON

External comparison at a point in time External comparison of time trends Internal time comparison

## **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

## **ORIGINAL TITLE**

Indicator area 1: patient safety and selection CI 1.2.

## **MEASURE COLLECTION**

Australian Council on Healthcare Standards (ACHS) Equip Clinical Indicators

#### **MEASURE SET NAME**

Hospital in the Home Indicators

#### **DEVELOPER**

Australian Council on Healthcare Standards

## **FUNDING SOURCE(S)**

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

#### **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

## FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

#### **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2000 Jan

#### **REVISION DATE**

2009 Jan

#### **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2008. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2007 Dec. 776 p.

#### SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## **MEASURE AVAILABILITY**

The individual measure, "Indicator Area 1: Patient Safety and Selection CI 1.2," is published in "ACHS Clinical Indicator Users' Manual 2009."

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#### **COMPANION DOCUMENTS**

The following is available:

 Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the <u>Australian Council on Healthcare Standards (ACHS)</u> Web site.

#### **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on July 25, 2008. This NQMC summary was updated by ECRI Institute on May 8, 2009.

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